## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/429,297

CLAIMS AS FILED - PART I									YTITY		OTHER	THAN
			(Column 1)		(Column 2)			TYPE		OR		
TOTAL CLAIMS							Γ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	370.00	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*			X42=		OR	X84=	
ML	ILTIPLE DEPE	NDENT CLAIM P				r	+140=		OR	+280=		
* If	the difference	e in column 1 is	less than z	ero, <del>e</del> nter	"0" in c	olumn 2	L.	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								,		10,,	OTHER	TSIANI
<b></b>	6	(Column 1)		(Colur	nn 2)	(Column 3)		SMALL I	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 21	Minus	** 2	2_	= /		X\$ 9=	1	OR	X\$18=	/
	Independent	* <b>S</b> ENTATION OF M	Minus	*** G	CLAINA	=/		X42=	/	OR	X84=/	
	rinot Phesi	ENTATION OF M	OLI IPLE DEI	PENDENI	CLAIN			+140		OR	+260=	
							<u>L</u>	TOTAL		OB	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	on 2)	(Column 3)	AU	DIT. FEE			AUUII. FEEI	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	ESŤ BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 47	Minus	* 2		-25	,	X\$ 9=	I bu bu	OR	X\$18=	450
	Independent	. 9	Minus	*** 9		=		X42=		OR	X84=	700
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On		
	177					L <sup>+</sup>	-140=		OR	+280=		
							ADI	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE	450
		(Column 1)	(Column 3)						**			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	×	<b>(</b> \$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		(42=		on l	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
.4. 10	A Halo and the religion of later than the									OR	+280=	
** [f	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ODIT. FEE	
***\  T	the "Highest Num he "Highest Num	mber Previously Paid ber Previously Paid	id For" IN THIS d For" (Total or	S SPACE is Independer	less than nt) is the l	i 3, enter "3." highest number		ort. FEE	opriate box			